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Attorneys for Defendant

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
OAKLAND DIVISION

|   |   |                        |
|---|---|------------------------|
| DMYTRO VEROVKIN,                          | ) | No. C 07-3987 CW       |
|   | ) |                        |
| Plaintiff,                                | ) |                        |
|   | ) |                        |
| v.  | ) | DECLARATION OF MELANIE |
|   | ) | PROCTOR                |
| DAVID N. STILL, District Director, United | ) |                        |
| States Citizenship and Immigration        | ) |                        |
| Services,                                 | ) |                        |
|   | ) |                        |
| Defendant.                                | ) |                        |

I, Melanie Proctor, declare and state as follows:

1. I am employed by the United States Attorney's Office, Northern District of California, as an Assistant United States Attorney. My current employment address is 450 Golden Gate Avenue, Box 36055, San Francisco, California, 94102. I am the attorney assigned to the above-captioned matter.

2. Exhibit A is a true copy of Plaintiff's visa application, provided to me by U.S. Citizenship and Immigration Services counsel.


Signed this 1st day of October 2007, in San Francisco, California.

/s/  
MELANIE L. PROCTOR

**EXHIBIT A**

U.S. Department of State  
NONIMMIGRANT VISA APPLICATION

Approved OMB 1405-0018  
Expires 08/31/2004  
Estimated Burden 1 hour  
See Page 2

| PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM   |  |   |   |   |                | DO NOT WRITE IN THIS SPACE   |  |  |
|---|--|---|---|---|----------------|--|--|--|
| 1. Passport Number<br>AX780197  |  | 2. Place of Issuance:<br>City<br>DNIPROPETROVSK   |   | Country<br>UKRAINE                              | State/Province | B-1/B-2 MAX B-1 MAX B-2 MAX<br>Other <u>K-2</u> MAX  |  |  |
| 3. Issuing Country<br>UKRAINE   |  | 4. Issuance Date (dd-mmm-yyyy)<br>03-Mar-2004   |   | 5. Expiration Date (dd-mmm-yyyy)<br>03-Mar-2014 |                | Visa Classification<br>Mult or <u>1</u><br>Number of Applications<br>Months <u>6</u><br>Validity<br>Issued/Refused<br>On <u>5/18/04</u> By <u>MAS</u><br>Under SEC. 214(b) <u>221(g)</u><br>Other _____ INA<br>Reviewed By _____ |  |  |
| 6. Surnames (As in Passport)<br>VER'OVKIN   |  |   |   |   |                | <div style="text-align: right; color: red; font-size: 1.2em;"> <u>3/31/04</u> </div>   |  |  |
| 7. First and Middle Names (As in Passport)<br>DMYTRO  |  |   |   |   |                |  |  |  |
| 8. Other Surnames Used (Maiden, Religious, Professional, Aliases)<br>VEREVKIN (translation from Russian)  |  |   |   |   |                |  |  |  |
| 9. Other First and Middle Names Used<br>DMITRY (translation from Russian) EDUARDOVICH (patr   |  |   |   |   |                |  |  |  |
| 10. Date of Birth (dd-mmm-yyyy)<br>16-Oct-1984  |  | 11. Place of Birth:<br>City<br>DNIPROPETROVSK   |   | Country<br>UKRAINE                              | State/Province | 12. Nationality<br>UKRAINIAN   |  |  |
| 13. Sex<br><input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female  | 14. National Identification Number (If applicable)<br>AM651767 (Dom. Passport) |   | 15. Home Address (Include apartment number, street, city, state or province, postal zone and country)<br>UL. KOSIORA 34-60, DNIPROPETROVSK, UKRAINE 51049 |   |                |  |  |  |
| 16. Home Telephone Number<br>011 380 562 27-28-81   |  | Business Phone Number<br>SAME   |   | Mobile/Cell Number<br>NONE                      |                | <div style="text-align: center; color: red;"> <b>U.S. IMMIGRATION</b><br/> <b>ADMITTED</b><br/> <b>APR 25 2004</b> </div>  |  |  |
| Fax Number<br>NONE  |  | Business Fax Number<br>NONE   |   | Pager Number<br>NONE                            |                |  |  |  |
| 17. Marital Status<br><input type="checkbox"/> Married <input checked="" type="checkbox"/> Single (Never Married)<br><input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated            |  | 18. Spouse's Full Name (Even if divorced or separated. Include maiden name.)  |   | 19. Spouse's DOB (dd-mmm-yyyy)                  |                | <div style="text-align: center; color: red;"> <b>CLASS UNTIL</b><br/> <b>33 JUL 2004</b><br/> <b>70749622210</b> </div>  |  |  |
| 20. Name and Address of Present Employer or School<br>Name: GORNIY INSTITUTE<br>Address: DNIPROPETROVSK, UKRAINE<br>I-99  |  |   |   |   |                |  |  |  |
| 21. Present Occupation (If retired, write "retired". If student, write "student".)<br>STUDENT   |  | 22. When Do You Intend To Arrive In The U.S.? (Provide specific date if known)<br>22 APR 2004   |   | 23. E-Mail Address<br>NONE                      |                |  |  |  |
| 24. At What Address Will You Stay in The U.S.?<br>16930 WEST CENTRAL STREET<br>SURPRISE, ARIZONA 85374  |  |   |   |   |                | <div style="text-align: center;"> <b>BARCODE</b><br/><br/>  </div>  |  |  |
| 25. Name and Telephone Numbers of Person in U.S. Who You Will Be Staying With or Visiting for Tourism or Business<br>Name: RONALD MONKS<br>Home Phone: (623) 570-1140<br>Business Phone: (623) 570-1140<br>Cell Phone: (623) 570-1140 |  |   |   |   |                |  |  |  |
| 26. How Long Do You Intend To Stay in The U.S.?<br>PERMANENTLY  |  | 27. What is The Purpose of Your Trip?<br>MOTHER'S MARRIAGE TO FIANCE - RONALD MONKS   |   |   |                |  |  |  |
| 28. Who Will Pay For Your Trip?<br>RONALD MONKS   |  | 29. Have You Ever Been in The U.S.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>WHEN? _____<br>FOR HOW LONG? _____ |   |   |                |  |  |  |

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PREVIOUS EDITIONS OBSOLETE

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